

U.S. Department of Justice
United States Marshals ServiceFILED
IN CLERKS OFFICE

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

United States of America 2014 NOV 7 PM 3 14

COURT CASE NUMBER

CR 12-10226-DJC

DEFENDANT

Tamara Kosta, et al.

U.S. DISTRICT COURT

DISTRICT OF MASS.

TYPE OF PROCESS

Preliminary Order of Forfeiture

SERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Municipal Tax Collector

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

71 Front Street, Perry, ME 04667

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Doreen M. Rachal, Assistant U.S. Attorney
United States Attorney's Office
John Joseph Moakley United States Courthouse
1 Courthouse Way, Suite 9200
Boston, MA 02210Number of process to be
served with this Form 285Number of parties to be
served in this caseCheck for service
on U.S.A.285
SEP 15 P 2 07SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers and Estimated Times Available for Service):

Fold

Fold

Please serve the attached Preliminary Order of Forfeiture upon the above-referenced entity by certified mail, return receipt
requested.

CATS ID 12-FBI-80771

JLJ x 3297

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

(617) 748-3100

DATE

9/12/14

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

District of
Origin
No. 285District to
Serve
No. 36

Signature of Authorized USMS Deputy or Clerk

Date

9/15/14

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date 10/7/14 Time 0930 ☒ am
☐ pm

Signature of U.S. Marshal or Deputy

Luigi, USMS

Service Fee

65

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

\$0.00 - 65.00

REMARKS:

RWD to D/ME 9/15/14

SDIS

(88)

PRINT 5 COPIES:

1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <i>Xenice Scanlon</i> <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: Municipal Tax Collector 71 Front St. Perry, ME 04667	B. Received by (Printed Name) <i>Jenice Scanlon</i>	C. Date of Delivery <i>9/30/14</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) 7002 0510 0003 3314 3305		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		